| Effective December 8, 2004 /0/59/302 | | | | | | | | | | | | |
|---|--|----------------------------------|--|-------------------------------|---------------------|----------------------------------|--|---------------------|------------------------|---------|---------------------|------------------------|
| | | CLAIMS A | S FILED - PART I | | | (Column 2) | | SMALL ENT | ITY | OR | OTHER SMALL E | |
| U.S. NATIONAL STAGE FEES | | | (Condition 1) | | ,, | Joidini 2) | | RATE | FEE | | RATE | FEE |
| BASIC FEE | | | SMALL ENT. = \$ 150 | | LARG | E ENT. = \$ 300 | | BASIC FEE | 150 | OR | BASIC FEE | |
| EXAMINATION FEE | | | Satisfies PCT Article 33(1)- All (4) = \$50/\$100 | | | ner situations = 100 / \$ 200 | | EXAM. FEE | 100 | | EXAM. FEE | |
| SEARCH FEE | | | U.S. is ISA = \$50 / \$100 ALL other countries = \$200 / \$400 | | | her situations = 250 / \$ 500 | | SEARCH FEE | 200 | | SEARCH FEE | |
| FEE FOR ¹ EXTRA SPEC. PGS. | | | minus 100 = | | | / 50 = | | X \$ 125 = | _ | | X \$ 250 = | - / |
| TOTAL CHARGEABLE CLAIMS | | | 22 minus 20 = . | | | 3 | | X \$ 25 = | 50 | OR | X \$ 50 = | |
| INDEPENDENT CLAIMS | | | Q minus 3 = . | | | | | X \$ 100 = | | OR | X \$ 200 = | \mathcal{U} |
| MUL | TIPLE DEPEN | DENT CLAIM PRE | ESENT | | | | | +\$ 180 = | | XR X | + \$ 360 = | $\langle V \rangle$ |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | TOTAL | 5/11. | OR | TOTAL | |
| 9 | CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | SMALL E | NTITY | OR | OTHER SMALL E | |
| AMENDMENT A | , , | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO PAID | BER DUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | .22 | Minus | 2 | 2 | : 9 | | X \$ 25 = | 1 | OR | X \$ 50 = | 1 |
| | Independent | .2 | Minus | | 5 | -8 | | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | + \$ 180 = | | OR | + \$ 360 = | X / |
| | | | TOTAL ADDIT. FEE | | OR. | TOTAL ADDIT. | | | | | | |
| | | (Column 1) | | (Colur | 21 | (Column 3) | | | | | | • |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO PAID | EST BER DUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | • | Minus | •• | | 3 | | X \$ 25 = | | OR | X \$ 50 = | |
| AMEN | Independent | • | Minus | *** | | a . | | X \$ 100 = | • (| OR | X \$ 200 = | · |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| | | | | | | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |

Application or Docket Number